

ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR UNDERGROUND
STORAGE FACILITY PERMIT (A.R.S. § 45-811.01)

APPLICATION FEE \$ 750.00 DUE UPON FILING

PERMIT FEE OF \$ 500.00, PLUS NOTICE AND PUBLICATION FEES
TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF
PERMIT

PLEASE SUBMIT ONE ORIGINAL AND THREE COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS

FOR OFFICE USE ONLY

Application No.: _____

Date Received: _____

FACILITY DESIGN: (check one)

☐ Constructed

☐ Managed

APPLICATION FOR: (check one)

☐ Underground Storage Facility (USF)

☐ Modification of USF permit no.:

71- _____

☐ Renewal of USF permit no.:

71- _____

GENERAL INFORMATION

1. Name of Applicant: _____

Mailing Address City State Zip

Contact Person: _____ Telephone: _____ Fax: _____

2. Is this a State Demonstration Project? _____ Yes _____ No

(NOTE: Pursuant to A.R.S. § 45-893.01, **only** Conservation Districts qualify to participate in State Demonstration Project program.)

3. Name of Active Management Area or Irrigation Non-Expansion Area where the facility will be located:

(If the facility is NOT located within an AMA or INA, please indicate "NONE.")

4. Name of groundwater basin and subbasin where the facility will be located: _____

5. Legal description of the location of the facility: _____

(quarter/quarter/quarter/section, township and range – see Appendix C of USF Application Guide)

Check the following items that have been included with this submittal. For a new USF application, all items **must** be submitted prior to receiving a complete and correct determination by the Department. For a modification to an existing USF permit, submit only those items that apply to the modification. For a full description of these requirements refer to the USF Application Report in the USF Application Guide.

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- (Rev. 01/19/06)

16. Legal Requirements:

c Technical Capability

c Financial Capability

c Legal Access

NOTARIZED SIGNATURE

I (We), _____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

Telephone

Signature of owner or authorized agent

Title

Mailing Address

City

State

Zip

STATE OF ARIZONA

)

) ss.

County of_

)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires